The Importance of Periodic Physical Examination

By Dr. GEORGE S. YOUNG, President, Ontario Medical Association

THE motor car suffers more in the long run from the trivial defects that creep in than from the serious troubles that suddenly put it out of commission. The latter must be looked after at once. The former, too often, are unnoticed, or else left to the more convenient season which seldom comes. In fact, the disabled car frequently owes its sudden collapse to some uncorrected defect of long standing. Some wise people have their cars looked over periodically in order that these trivial faults may be found and repaired. Their cars look better and last longer than those of their less careful neighbors.

All of this may be said equally well of the human body. There is this break in the analogy, however —the human body can never be replaced by a new model.

Bodily defects, functional or organic, are exceedingly common. The proof comes from several sources. During the war, the examination of recruits, both in this and in other countries, showed that a large number of men were physically unfit. The insurance companies not only find many whose eligibility is open to question, but also reject many without hesitation as poor risks, and these applicants in the majority of cases consider themselves physically sound. An American organization conducting periodic examinations of thousands of people finds defects more or less important in the majority. Statistics indicate that seven out of every ten would be the better for some treatment, hygienic or otherwise.

It is not to be inferred that all faults of body or mode of living are serious, but it cannot be denied that they all have a tendency to impair the efficiency of the individual, if nothing more. Nor can it be claimed that modern science will find a cure in every case. Nevertheless it may go a long way if the owner of the body will co-operate intelligently. Unfortunately there is a more serious aspect. There are many diseases of insidious onset. They do not reveal themselves early unless carefully searched for. The success of remedial measures depends largely on the length of time they have existed. Of these tuberculosis, diabetes, and troubles associated with high blood pressure are notorious examples. In the case of tuberculosis there is the added danger of the victim infecting others before he learns the truth about himself.

The moral is that every man, woman and child should have a thor-

ough examination, say, once a year. Would it pay? One answer comes from insurance companies issuing policies on millions of lives. Their statistics show that the periodic examination of policy-holders saves them enormous sums of money, and this does not include the value of human lives prolonged and the economic gain to the country.

Such an examination, to do good, must be something more than an inspection of the tongue, the taking of pulse and temperature, and the application of a hasty ear to the chest. It should include on the first occasion a careful inquiry as to personal and family history, habits and environment. The physical examination should be systematic and searching. The whole investigation, including urinalysis, would require nearly an hour and the applicant should expect to pay accordingly. It would be a saving of time if the record could be made in duplicate or perhaps copied by the person examined. The latter could retain a copy in case he were examined later by another doctor. On subsequent examination the history would begin from the date of the last record.

It is to be noted that the attitude of the person who presents himself for such an examination is not that of the applicant for life insurance. The latter is not so concerned about finding out his own defects as he is to get insurance. The former goes to the doctor with his own personal health uppermost in his mind. He is anxious to show his weaknesses, not his strength. He will therefore recall all sorts of apparently trivial things which may be of value in the estimation of his physical condition.

There is one objection which may be raised against periodic physical examination. The world is full of introspective people. There may be a danger of directing too much attention to matters of health. Education of the public in regard to the importance of the early diagnosis of cancer raises a panic in the breast of many a woman. Popular publications on high blood pressure have caused unnecessary alarm. Would it be a good thing for Mrs. Neurosis to have in her possession a health record form showing that she had a systolic blood pressure five points higher than her neighbor? After all the objection can be removed largely by education. The patients in sanatoria for tuberculosis learn to view with equanimity even the spitting up of a mouthful of blood. The public will learn, if they have not already done so, that a variation of a few points in blood pressure is of no significance.

It is obvious that if periodic physical examination is to become general, it must come through the education of the public and the arousing in people of a genuine desire for physical fitness. Just here, a story is in order.

They were discussing this question at a meeting of a certain medical society. It was one of those rare gatherings without a dissenting voice. One member after another cited cases in which either disease had been recognized early by a life insurance examination, or had been discovered when too late for successful treatment. Finally a member crystallized the evening's discussion in a few sentences.

"It is evident," said he, "that doctors must take a more active part in preventive medicine. We have been too much engrossed in the treatment of the fully developed disease. To catch it while it is young and comparatively innocent we must examine people while they think themselves well. And here is our problem. The people will not submit themselves for examination until they have been

educated to the point where they recognize its value. Obviously we must educate the people. We are ready for action. What methods shall we adopt?"

Before anyone could answer, a doctor who had taken no part in the discussion rose to his feet and quietly said: "Will those in this hall who are accustomed to have a thorough medical examination once a year, please stand up." The question fell on the crowd like a bombshell. Each looked at his neighbor, but nobody stood up.

This story may have no foundation in fact, but it is a true picture of human nature as it is found in doctors (and probably in nurses).

It is a fact, however, that the King County Medical Society of Brooklyn a year or so ago began a campaign of education of the public by examining the doctors themselves. The results were interesting. Of those examined, 17 showed "minor defects requiring observation or attention"; 54 were set down as having "moderate defects requiring hygienic correction or minor medical, dental or surgical attention"; 16 had "moderate defects requiring medical supervision as well as hygienic correction"; 4 had "advanced physical impairment requiring systematic medical or surgical attention."

No better evidence of the value of periodic physical examinations could be found. No better beginning in the education of the public could be made than to bring personal conviction to the would-be educators. We can neither consistently nor effectively advise others until we feel strongly enough about the matter to take our own advice.

Sister Fafard

At the February meeting of the Committee of Management of the Association of Registered Nurses of the Province of Quebec it was unanimously decided that the following resolution should be sent for publication to The Canadian Nurse and also to La Veilleuse.

Resolved that the A.R.N.P.Q. wish not only to put on record, but to bring to the notice of all Canadian nurses the very great loss which the cause of Nursing Education in Canada has suffered in the death of the Reverend Sister Fafard, late vice-president of our Association, and Directress of Nurses at Notre Dame Hospital. Sister Fafard was a woman of brilliant intellect, farseeing vision and great practical ability. The courses for graduate nurses which were given at the University of Montreal during the summer months of 1923 and 1924, and which have been of incalculable value in improving and standardizing the education of nurses in the French schools of nursing were in large measure due to her, as was also the publication of a French journal of nursing, La Veilleuse.

We who were in any way associated with her marvelled at all she accomplished. The vigour of her spirit was accentuated by the frailty of her body, and yet to the end she worked, full of interest in all of us—responsive with enthusiasm to every new vision of nursing work—planning development for her new school and for our Association.

The name of Sister Fafard is indeed worthy of an honored place in the annals of the history of nursing in Canada.

— Editorial —

The month of May is graduation month for nursing schools, a time of roses and diplomas, speeches and merry-making. We hope that it may indeed be a happy, care-free time for every graduate of 1925, and from them we shall ask no further thought just at present. But from those charged with responsibility in the work of nursing education, the graduation month provokes most serious thought. It is a time when we must look before and after and try to pass wise judgment upon all our work.

It is still extraordinarily difficult to maintain the fact of a nurses' school within the hospital. The utter want of understanding in that connection from even thoughtful, intelligent people might well sap the courage of our strongest leaders, but as long as we are charged with the full professional preparation of the nurses of the country, we cannot think too seriously of these schools: their aims, methods and procedures must all be closely examined with reference to their educational value. We admit that any process to be educative must provide for growth, and growth as the criterion of education should be two-fold, namely, growth in breadth and in depth. That leads us straight to the heart of our present problem in the nursing school. In the immediate past, in response to pressing necessity, a broader curriculum has been provided, and in some cases the expansion has been of rather remarkable dimensions. So far, however, it has been difficult to strengthen and deepen the work of the schools in a manner that will adequately balance the expanding curriculum.

As we have just said, the curriculum has received persistent attention with regard to its content, and steadily, year after year, that content has grown. In truth we cannot take too much credit (or blame!) to ourselves for that: medical science and hospital practice are developing rapidly every year and thereby increasing steadily and inevitably the responsibilities and activities of the nurse. Now all this addition of new subject matter to the curriculum of the nursing school is desirable and, as we have said, inevitable, but it is also exceedingly dangerous The immediate danger is superficiality. The net result of superficial teaching is to give back a class who have learned nothing. If the pupils are to be untaught at the end of the process of teaching, why trouble to elaborate the school?

Further, there are two conditions inseparable from the nursing school of a large hospital, both of which strongly tend to make the educational work of that school superficial. One is the large number of pupil nurses that must be maintained in order to staff the wards. Every teacher knows that the larger a pupil group becomes, the harder it is to teach effectively, and special care must be taken or the teaching will be of no effect. In that special care there are many points to be considered. The second dangerous condition referred to above is the variety of teaching opportunity offered in the numerous services of a large city hospital, e.g., medical wards, surgical, gynecological, obstetrical, mental, communicable disease, pediatric,

diabetic wards, out-patients' department, X-Ray department, etc., etc. The attempt to give the pupil nurse a little of everything and to give that little some educational value would tax the wisdom of the author of a Fisher Act.

What are the best means of meeting these tendencies to superficial work? We must see that our educational methods are sound—a curriculum in itself may mean nothing, a curriculum, operating under certain methods, may mean everything—and in speaking of methods we are not here referring to the class-room procedure of any one instructor: class-room procedure is an important enough matter, but there is something else that comes first. This first consideration must be the general method or plan upon which the whole teaching of the school is built. The curriculum should not expand beyond the opportunity for sound and thorough accomplishment of its content. Beyond that point we should not permit ourselves to go, no matter what the pressure may be. To make its work more effective, the large hospital school most desperately needs some provision for tutoring in small groups. Also there is another condition that requires careful consideration; and that is the necessity for a very close correlation of the theoretical and practical teaching. Unless we can arrange for that, it appears that much of our theory might as well be abandoned.

We know that these matters are very close to the hearts of the superintendents of the hospital schools. Perhaps a re-statement of their case at this graduation time will help them in their efforts to meet the conflicting demands that are being made. The demands are bound to increase, and the need for wisdom will be correspondingly greater. It is possible that the rapid development of public health work, and the accompanying demand for public health teaching for the pupil nurse, may prove the proverbial last straw which will break the back of the present system and bring about some re-shaping of our schools. But whether the system change or not, our great concern now must be to build our schools upon sound educational methods. Thus, and thus only, will the community, the patient, and the pupil nurse be well and truly served: the interests of the three are one and we could not separate them if we would.

Nurses who contemplate going to England on their way to the Helsingfors conference, or who may be going to London to visit the Empire Exhibition at Wembley, should arrange to go into residence at the Royal British Nurses' Club, 194 Queen's Gate, London, S.W. 7. The Club is exceedingly comfortable in every respect and, for the comparatively small charges made, the meals are excellent. The house is situated in one of the finest streets in London and is close to the beautiful Kensington Gardens, with the fine Royal Palace of Kensington and other places of interest in close proximity.

The members of the Royal British Nurses' Association are always particularly pleased to welcome overseas nurses to their beautiful club, and the Executive Committee have arranged that nurses from abroad, who are attending the Helsingfors conference or visiting England for the Exhibition, shall be able to stay at the Club on the same terms as its members do. The charges vary from £2 2s. to £3 3s. weekly, and full particulars can be obtained from the secretary.

Report of the National Memorial Committee

By E. KATHLEEN RUSSELL, Convener

As the work of the National Memorial Committee has covered so many months, and has been of a rather involved nature, it is well to refresh our memories about previous accomplishments before bringing the report up to date.

The progress of the Committee up to June of 1924 was presented at the Biennial Meeting of the Canadian Nurses' Association at Hamilton last year and the same report was published in The Canadian Nurse in August. Our readers will remember that we had then a conditioned promise from the Canadian Government to place the Memorial in the Parliament Buildings; also we had three sculptors working upon final designs which were to be submitted in December, 1924.

In December the three designs were submitted. The Board of Assessors, Mr. David N. Brown, of Montreal, and Mr. J. E. H. Macdonald and Mr. Ernest R. Rolph, of Toronto, met and made their selection. A unanimous verdict was given in favor of the design of Mr. G. W. Hill, of Montreal. The Nurses' Committee viewed the models also, and their unanimous decision was given in favor of the same model.

The approved model was then sent to Ottawa and negotiations were started with the Government. The members of our Business Committee have gone to Ottawa on several occasions. Mr. Hill, the sculptor, has been called in conference, and finally, after three months, a written acceptance of the model has been given us by the Honorable Dr. J. H. King, Minister of Public Works. On the 26th of March, under the direction of our legal advisors, the contract was drawn up and executed by Mr. Hill, the sculptor, and the National Memorial Committee.

Mr. Hill expects to leave very soon for Italy, where he will have the marble quarried and the preliminary work done under his supervision. He will then proceed with his own work upon the memorial and complete it in Italy. He has undertaken to have the finished panel delivered in Ottawa in May, 1926.

After the panel arrives, it is estimated that there may be a month's work to be done while erecting it in the Parliament Buildings. That work cannot be done while Parliament is in session, so may have to wait until August. The Executive Committee of the C.N.A. will plan accordingly for the next biennial meeting, so that the dedication of the Memorial may take place at that meeting.

It is owing to the tireless activity of the two members of our Business Committee, Mr. C. Barry Cleveland and Mr. G. Larkin, that we have been able to carry these plans to a successful issue. They have had to deal with a three-cornered situation, consisting of the Canadian Nurses, the Canadian Government, and the Canadian sculptor, with negotiations for many months between Toronto, Ottawa and Montreal; they have carried through all the inevitable routine of business, and in addition have faced several critical situations but, refusing to acknowledge failure, they have at last found a way for us to accomplish our purpose. It will be difficult to acknowledge our indebtedness to Mr. Cleveland and Mr. Larkin.

It is believed that in this Memorial a rarely beautiful addition is being made to Canada's works of art.

Canadian Nurses' Association National Memorial

Photograph of the model chosen for the memorial from the Canadian Nurses' Association to their sisters whose lives were given during The Great War, and to the early nurses in Canada.

(See report of the National Memorial Committee on the opposite page.)

Department of Private Duty Nursing

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A Nurses' Club

By MARY EATON, M.A., R.N., Montreal

DURING the last two or three years a growing tendency has been evident among graduate nurses to organize with a view to bettering the condition of the self-supporting nurse: insuring her future, safeguarding her health, and making it possible for her—in spite of her arduous duties and long hours—to live in a comfortable and dignified manner, and enjoy something like home life in the few hours of leisure allotted to her.

Already something has been accomplished, with the co-operation of the larger hospitals, toward shortening the hours of duty and, though the eight-hour day is for most of us only a hope for the future, we feel that even that will come in time.

Provision for the economic independence of the nurse after her years of professional activity are over is also occupying the attention of the nursing body, and a constantly increasing number of nurses are safeguarding their future by taking advantage of the various forms of insurance.

The problem of providing comfortable and homelike living conditions for the self-supporting nurse is engaging the attention of the profession, and it is interesting to see how this particular problem has been solved in other cities: New York, for instance, where several successful clubs are in operation which have proved a great boon to large numbers of nurses. In Canada we are beginning to feel the urgent need of institutions of this sort and may benefit by the precedent and experience of others, by observing the different methods of establishing such clubs, and noting the measures of success attending them.

The majority of nurses' clubs are established under the patronage of some generous benefactor, or under the auspices and protection of some individual hospital, but in smaller cities than New York, where the members of the profession are much less numerous, there would be insufficient support for a club for the nurses of each hospital, and in the interests of co-operation, intercourse and fellowship between the graduates of the different training schools it would seem preferable to begin with a more united system. A good example of this latter unified type of clubs is The Central Club for Nurses in New York City, to the membership of which any nurse is eligible provided she holds a diploma from any recognized hospital or training school requiring at least a two-year course of training and residence.

The history of the inauguration of the Central Club is most interesting. Various attempts to run a self-supporting club on a small scale by using a rented house for headquarters proved impracticable, since expenses for repairs, etc., were an ever-growing burden and the revenue from the few rooms provided was far from adequate for the upkeep. Therefore, it was deemed advisable to institute a club on a scale large enough to be self-supporting, and for such a project the financial support of some larger corporation was obviously necessary. A general survey of the nurses was made: not only of New York, but of other cities, to ascertain the degree of support such a project would receive. Considerable interest on the part of the public as well as among the members of the profession was aroused.

Certain public-spirited members of the Y.W.C.A., who felt that the public owed a debt of sympathy and gratitude to the nursing profession, saw in the projected Nurses' Club an opportunity of enlarging their scope and giving a helping hand to a body of self-supporting women who enjoy a position singularly independent but correspondingly unprotected. At that time a whirlwind campaign was on foot by the combined Y.M.C.A. and Y.W.C.A. to appeal to the public for funds to erect several new buildings to extend their work. They invited the nurses of the various hospitals to join the campaign, the objective of which was to raise four million dollars, on the understanding that if the quota were obtained four hundred thousand dollars would be appropriated for the building of a Nurses' Clubhouse of 265 rooms. The nurses accepted this offer and by their own efforts raised eighty-five thousand dollars, which formed the nucleus of the building fund, the balance of the four hundred thousand being appropriated from the general fund. By this time considerable public interest had been aroused, and when it was proposed to add a laundry, trunk room and roof garden to the original plans for the building there was no difficulty in borrowing the requiste extra thirty-five thousand dollars.

On its completion the building was handed over to the nurses, to be run independently by them on a self-supporting basis.

Many were the arm-chair critics, many the predictions of failure on the ground of precedent, but success was evident right from the start. The first year thirty-four thousand of the thirty-five thousand dollars borrowed was paid back and it soon became evident that the building could be made self-supporting and that a substantial surplus could be depended upon each year.

The Clubhouse opened its doors on July 1st, 1916, to 250 of its 500 members, and has proved itself, besides being an incalculable boon to the nurses, one of the star branches of the Y.W.C.A. and its most productive arm, showing a large surplus each year over and above all expenses for upkeep and repairs, and enjoying the distinction of being almost the only Y.W.C.A. building that can be run with actual profit. This is the more remarkable in view of the fact that most of the clubs instituted along other lines have either gone to pieces or have had to depend for support upon private beneficience, or the aid of the hospitals or other institutions under whose protection they exist. Clubs have been instituted on a plan by which an individual or corporation erects a building along lines suitable for a nurses' club, the building being rented to the nurses on a 6% basis. Others have been the gifts of generous sympathizers and wholly or partially endowed; but so far as it has been possible to ascertain, clubs instituted along those lines do not seem to be profitable, or even self-supporting.

Returning to a consideration of the Central Club, the system upon which it is run may be noted. As it is a Y.W.C.A. branch, it must be directed by a Y.W.C.A. secretary, and the Central Club is fortunate in having as its administrator an efficient Y.W.C.A. secretary who is also a graduate nurse and hence is in close touch and sympathy with both elements. The control and direction of the club is in the hands of a committee consisting of fifteen professional and fifteen non-professional members, and from these is chosen a committee of management.

The success that has attended this system of management is evidenced on the one hand by the substantial financial surplus shown each year, and on the other by the fact that the membership of the club since the clubhouse opened in 1916 has increased from 500 to 2,116. A waiting list of over 800 applicants for permanent rooms also testifies to the popularity of the club and the enthusiastic approval of its resident

members. Residence is restricted to members in active service. In 1921, after five years' experience, it was found necessary, on account of the large number of nurses calmoring for the privilege of residing in the club and the tenacity with which the permanent residents clung to their rooms, to impose a limited term of residence, five years, at the end of which time the member has the privilege of placing her name on the waiting list once more. In this way the large number of nurses on the waiting list are given some hope of obtaining rooms in the future, and the Club is safeguarded against becoming, in the course of time, an Old Ladies' Home.

The Central Club offers to its members social and religious privileges, as well as all the comforts of a well-regulated home and the advantages of a well-run club. For a very small annual fee the non-resident members enjoy many privileges: they may use the Club as their headquarters and postal address; they also have the use of the library, reading and writing rooms, living rooms, dressing rooms, and dining room. They may rent, for a nominal fee, locker and trunk-room space, or rooms for private dances or entertainments. Charming little private sitting-rooms are rented by the evening, and are so popular that—as an evening visitor, being shown through the building—the writer, after two or three tete-a-tetes had been interrupted, begged the guide to spare the occupants and agreed to take their attractiveness on faith, as all the rooms were occupied. Other members were availing themselves of the advantages of the laundry, reading, writing, sewing and rest rooms. The registry, which has its offices in the building, was busy answering and supplying calls.

In the attractive dining-room, meals are served at reasonable rates, breakfast and luncheon being on the cafeteria plan, and table d'hote dinner served at night. Afternoon tea is served by order; arrangements can be made for special luncheons and dinners, and meals are served in the rooms if desired.

The purpose of this article is merely to give nurses in cities where a Nurses' Club is at present only a hope for the future, some idea of one of the ways in which that hope has been brought to fruition and to show that under average circumstances and with the right kind of backing to start with, it has proved possible to run such a club on lines which are both satisfactory to its members and economically sound.

In closing I should like to quote the address read at the laying of the corner-stone of the Central Club, Nov. 7th, 1915. It was written by one of the women to whose interest and untiring efforts the establishing of the club was due. It expresses an attitude on the part of the public of confidence, gratitude and appreciation which should be an added incentive to us to raise our professional standard and our ideals and our conception of the dignity of our calling. This is her message:

"To the nursing profession, each member of the community owes, sooner or later, a debt of gratitude which it can ill afford to neglect, yet which it can with difficulty repay. As a token of its appreciation and faith, the public offers to the nurses of New York City this building, with the affection of many friends, and in the hope that within its walls they may never fail to find the physical rest, mental refreshment and spiritual renewal so necessary to the members of that great profession, who give themselves unsparingly and, when the call comes, recklessly, to those who suffer and who die.

"May the Club ever hold before its members that high ideal of the profession which lays emphasis upon the fact that its work is not a business, but a vocation, to which, when a woman is called, she dedicates not only her ability and skill, but her character and life, with the true self-

forgetfulness of those who serve great ends. To look back across the years, and to see the many noble lives heartened for their task, standing as a promise of other lives to come, will be sufficient reward for those of us, both within the profession and outside of it, who have labored to bring this Club into being, and to hold it true with steadfast purpose and unchanging vision to its great ideal of Christian service."

(Editor's Note.—The writer of the above article has expressed the opinion that The Canadiann Nurse might be used as a medium for the discussion of ways and means by which Nurses' Clubs could be established in Canadian cities and towns. Short articles on this subject will be welcomed.)

In the Light of Faith

The spirit of the day in this work-a-day world of ours is ever calling out to us, "Rush! Hurry! Attain!" Truly this is right and laudable in the sense that every moment of time properly spent is of inestimable value to ourselves and to those with whom we come in contact.

It is to be regretted, however, that few see it in this light and that the predominant spirit is selfish and self-seeking.

Let us sincerely ask ourselves: "Has this spirit of the world anything in common with our profession?" We know the eminence of that profession is due to the value of human life and its sacredness before God. We, its members, are set apart in honor and dignity because of our lives of service and of high moral standing. We are benefactors of the general public in so far as we recognize not only the needs of humanity but also the dignity of human beings, calling forth that spirit of service to uplift the broken and bruised members of society. Now, this worldly spirit when not supernaturalized, narrows the horizon of our lives and limits their aspirations merely to the needs and comforts, the gratifications and satisfactions, of the cravings of the physical well-being.

Probably in no line of human activities is the rule of this spirit so much in evidence as in all that pertains to our own profession. Good is done; wonderful progress made; marked advancement attained; but in it all, unhappily, there is a tendency to look for nothing beyond what lies immediately before us in the sense world—the mere material.

This is foreign to our profession, and our lives should be a direct denial of such limitations.

Our service should be built, first, upon the realization which the Light of Faith illuminating our intelligence makes clear to us: that the sick, the helpless, with whom we deal and to whose care we give the best that is in us, are the creatures of God, made in His image. Then our service to them is the purpose of our soul, namely: to do our duty to our Divine Master. We feel that we are not laboring for the passing day, we are not toiling for one whose destiny is to seek and find the perfection of physical well-being, but for one whose soul is to dwell with God in eternity. This Spirit of Faith is the root of Charity which gives no ear to the pleadings of selfish instincts.

If this is our ideal, by accepting all that science give us and utilizing the helpfulness that is extended to us through the progress that comes day after day, we are enabled with generous outpouring to give our fellow-creatures what we should give: A life of sacrifice and true service.

"L."

Department of Nursing Education

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*The Value of Mental Testing (Part II.)

A reliable means of selecting Candidates for the Nursing Profession.

By MARY GOODYEAR EARLE, A.M., R.N.

THE TERM "MENTAL AGE"

At last we are beginning to understand one of the reasons why in a study of native born whites out of 1000 children only 95 graduate from high school and only 10 from college. This gives us an inkling of our real demand when we exact a high school diploma for entrance to a training school. "The mental age has no significance whatsoever aside from the particular scale from which it is derived. The term 'mental age' . . . really means a score on a particular series of tests" and this term "should always be regarded as a score and not as a diagnosis. The term is the resultant of at least three factors, physical maturity, environment, and native intelligence."

Likewise the term "intelligence quotient" is an arbitrary measure employed so frequently that we speak of it as the I. Q. This is the mental age divided by the chronological age and is usually expressed by per cent. The I. Q. of the exactly average child of any age is 1 or 100 per cent. But the I. Q. of the adult of any age is based upon the age of fourteen.

The testing of general intelligence amounts to mental measurement accomplished by means of mental tests. Dr. Link, an authority on industrial tests and the psychologist in the United States Rubber Corporation, considers that a "mental test is a device, similar to a measuring instrument in any of the sciences, by which certain mental activities can be accurately measured," and measured largely apart from school knowledge. A mental test serves the psychologist much the same way that the thermometer serves the physician. It is a valuable and above all an economical instrument in mental diagnosis.

Now "measurement in any field does not change to any appreciable degree the material to be measured. The surveyor, for example, who measures the area of a field makes very little impression upon the soil over which he passes. A physician who measures the weight of an infant does not thereby increase that weight or diminish it. In the same way the mental tester who applies a test to a filing clerk, does not by that act increase the efficiency of the clerk." "A test of intelligence confers no new functions; it can and does tender additional aid about the person measured." The real purpose of a mental test "is to tell facts about a situation more exactly and with greater objectiveness than they could be told in a description. A child may seem at first to be under weight, but in order to know definitely whether or not that is true it is necessary to measure his age in terms of years and months . . . to measure his weight in terms of pounds and ounces and to measure his height in terms of feet and inches. All of these measures taken together, however, will not hinder the child's growth or make him develop more rapidly. They merely indicate what his present condition is."

FACTS AND OPINIONS

Among other things tests of intelligence do prove that "some members of the species are much stupider than others; that school prodigies are usually brighter than school laggards; that the offspring of socially, economically and professionally successful parents have better mental endowment, on the average, than the offspring of janitors, hod-carriers and switch-tenders"; and that at least thirty per cent. of commercially immoral women are mentally defective.

"Psychological tests must not be overestimated," says Stern of Germany, "as if they were complete and automatic operative measures of mind. At most they are the psychographic minimum that gives us a first orientation concerning individuals about whom nothing is known, and they are of service to completement and render comparable and objectively gradable other observations, not to replace these."

"The scientific method of mental measurement has passed the theoretical stage. It has squared with the facts wherever it has been intelligently applied. It has been demonstrated in a wide range of business and industrial applications, in education and in its use in determining the qualities and fitness of officers and men in the Army and Navy. What it offers is the shortest, simplest, and most accurate means available of determining human capacities and qualities."

THE GROUP VS. INDIVIDUAL TESTS

Group tests of mental ability as well as of achievement have become increasingly popular since a million and a half of our army men as well as 453 of our army nurses were tested during the war. There is much to be said for this method of testing as a speedy, economical, but more or less rough measure of finding the intelligence ratings of numbers of people. It lacks the precision of the individual test as well as a valuable opportunity for case study, but it is a prompt and efficient means of sorting out those of superior intelligence. The high scores made by individuals on a group test may be taken at their face value—but it would be a serious injustice to an individual to assume that the lower and sometimes the average scores were a fair measure of their performance. In other words those making low scores on a group test should be retested either with another group test of known reliability or by one of the standard revisions of the Binet.

In this connection, Yerkes and Yoakum say, of the army tests, that "there are convincing evidences that some men are not fairly measured either by Alpha or Beta (these were the two group tests used), and that the provision of careful individual examination for men who fail in Beta is therefore of extreme importance." A good doctor does not diagnose a case of tuberculosis or cancer without a careful use of all the instruments at his disposal. In this same connection Professor Colvin says: "In my work with students at Brown University I have found scores of instances in which intelligence tests have not only failed to indicate in a positive way college performance, but have also shown results at variance with this performance. In a considerable number of cases the lack of relation has been clearly due to the fact that qualities other than intelligence have played a deciding part." Professor Colvin refers here to group tests.

Of the advantages to industry, in the use of tests, Dr. Trabue says: "There is, in fact, no degree or kind of employment for which a more intelligent and satisfactory selection of employees cannot be made by means of properly devised mental tests accurately applied, than by any other method now in use." A large number of the biggest industrial corporations of America have already adopted in whole or in part some system of scientific mental tests, often in connection with vocational and industrial tests of various sorts, "for the classification and grading of present employees, the selection of new ones, and the filling of vacancies by promotion."

"It should be very clearly understood," says Dr. Stern, "that psychological tests are not easy to conduct. Their administration demands extended practice, psychological training and a scientifically critical mind. Average teachers' methods of applying tests are apt to be positively illusory." The inexperienced, however clever in his particular line, has no moral right to tamper with a matter so vital to the individual concerned. The well-trained nurse does not prescribe medicine, neither does she diagnose disease.

In countless ways intelligence testing would be of enormous value to super-

intendents and supervisors in training schools. Might not these tests afford a partial solution of some of the problems of the curriculum? It will certainly afford an explanation of why some students cannot do chemistry and an equally efficient way of crowding some who can do it if they would. Might not a superintendent select the students for positions of responsibility with more confidence knowing already their intelligence ratings? Would she not be in an infinitely stronger position to recommend those fitted for positions of leadership in after-training days?

You will remember that we mentioned earlier in this paper a study of the schooling of native-born whites, which reveals the fact that out of every 1000 in the population only 95 graduate from high school—"so that distinctly more than average intelligence would seem to be a prerequisite to a college education and almost as strictly a prerequisite to graduation from, or even entering, high school." In view of the fact, and also in view of the difficulty of securing high school graduates in some parts of the country, would we not be simply abreast of the times, rather than ahead of them, if we required an intelligence test of our students very shortly after entrance as probationers, as well as some measure of school achievement; if Professor Thorndike says that a boy, making a score of 95 on his tests, should be admitted to college regardless of the deficiencies of his early schooling, can we, so sorely in need of suitable student material, be less generous? The object is not to lower our standards but to raise them, and to raise them in such a way that we will get results. I do not believe, for instance, that any adult of superior intelligence wishing to be a nurse should be turned from our doors without a trial, no matter what her early schooling was. The mental test applied by professional psychologists will probably prove in future one of the best aids in evaluating equivalents. Dr. Woodworth of Columbia says that while 50 per cent. of those going to high school can never graduate, many who could do the work never go! Can we not use some of these, accepting those of superior intelligence on the basis of adequate intelligence testing (under the equivalent clause)? A recent experience of my own in Binet testing in a large and prominent hospital illustrates what I mean: Two little Irish girls recently arrived in this country were taken as probationers. One would have said from casual observation of them that they came from about the same social stratum. The individual examination (a group test would not have served this purpose) developed the fact that one of them was a very ignorant little person with a twelve-year-old vocabulary, a mental age of thirteen years and nine months and an I. Q. of 98; the other was really a very well-educated person, a so-called superior adult, with a superior adult vocabulary, a mental age of 18 years and an I. Q. of 129.

*An address delivered before the National League of Nursing Education held at Swampscott, Massachusetts, June 25-29, 1923.

Book Review

"Smiths of a Better Quality," by Colonel George G. Nasmith, C.M.G., M.A., Ph.D., D.P.H., D.Sc., Toronto: Oxford University Press; pp. 138, $1.00.

This book is a singularly interesting piece of health propaganda, but not propaganda in the ordinary sense, because the author weaves his teaching into the form of a story of interest so captivating that the reader follows and unconsciously absorbs sound teaching on the rearing of healthy children, and the contribution to be made by home and school to the development of habits of health in mind, body and character.

This book may be confidently recommended to all nurses and teachers with the assurance that they will receive new viewpoints which will enable them to carry on their own work in nursing and health teaching with increased effectiveness and satisfaction.

"Smiths of a Better Quality" is the first of a series of ten books on educational subjects to be issued by The National Council of Education of Canada.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

The Personnel Department

By AMY B. EDWARDS, Personnel Director, David Spencer Ltd., Vancouver, B.C.

THERE has been so much criticism of the term Welfare Work, that a brief discussion of the term may not be out of place. In many places in the United States and Canada the term is now taboo. The reason being, of course, that at times the work has been placed on too much of a charity basis, which was naturally resented. At other times, inconsistencies in the general administration of the business prejudiced the workers. Other terms which we find used are: Employee Betterment, Service Department, and Personal Department.

The last we think much the preferable term, being broader in its meaning and without any suggestion of patronage. However we may choose to designate it, we accept the meaning in general as a voluntary effort on the part of the employer to improve, within the existing industrial system, the condition of employees in his factory or store, thereby securing that personal touch otherwise lost in large business concerns of today.

We believe that with the proper introduction, employees will welcome efforts for their physical, mental and moral welfare, provided we have three conditions on which to build such efforts.

1. The management must always recognize the needs of the employee for steady work, an equitable wage and hours as short as competitive conditions permit.

2. The employer must participate actively in all such attempts.

3. The employees must bear a definite responsibility in connection with these efforts and feel that they belong to them and their success is desirable for their own pleasure or benefit.

With our usual conceit we are apt to consider all movements in this direction as innovations or at least modern developments of our present system of social effort. Many organizations, we know, are not yet convinced of their desirability. For the beginning we must go back as a matter of fact, to the Motherland, to the last of the 18th Century. Robert Owen is sometimes called the "World's First Business Man:" he was born in decent poverty and at the age of nineteen years took charge of the New Lanark Mills, in the year 1792. From the very beginning of his connection there, he was on friendly terms with his employees, visiting frequently in their homes. The friendliness, good cheer and enthusiasm were contagious and the place became prosperous. These facts become increasingly interesting when we realize that we are dealing with a time of tumult and changing conditions. The French Revolution was "on". The American colonies had been lost. Hand labor was giving way to all the wonderful new mechanical devices which resulted in mills being established wherever power was available. Young folks crowded into the cities and filled the tenements which were quickly being built. Children could tend the spinning jenny, therefore, to rear a large family was a paying enterprise. Very often girls and boys from the workhouse and orphanages were used, herded together under slavish conditions with a working day of at least twelve hours. Finally the Man-

chester Board of Health asked for investigations and then a great protest went up from the employers. One man who had some hundred boys and girls from six to twelve years of age, working fourteen hours per day, was accused of cruelty, and retorted "If I doesn't work 'em all the time 'cept when they sleep and eat, they will learn to play and then they'll never work."

Out of this situation emerged Robert Owen with a business based on his firm conviction that "a business transaction when both sides do not make money is immoral." A series of improvements followed the transfer of Lanark Mills to his hands. Some of them were:

Reduction of working hours from twelve to ten.
Improved sanitary arrangements (including shower baths).
Consideration of the diet of the younger employees.
Schools built at a cost of $30,000 (children of one year and over were placed in these during the day to relieve the mothers).
Night classes.
No physical punishment.
Mother's meetings.
Saloons abolished in the vicinity.
Model houses built, gardens planted. prizes for finest gardens.

With all this, a sufficient tax was levied not to pauperize the persons who were profiting. Added to this philanthropic inclination, Robert Owen had keen business ability amounting almost to genius and in a few years his mills attracted wide attention. The fact that to a great degree Owen worked alone, accounts for the lapse in the development of these ideal conditions after his inauguration of them. He was far in advance of his time and could not get the support one would naturally expect. His book on Child Labor was emphatically denounced by press and pulpit. Nevertheless, through a long life time he never ceased to struggle for his cherished ideals.

To trace the progress of personnel work from these beginnings to the present highly organized schemes would be a lengthy and difficult task. This fact should always be born in mind; the sustaining idea has never been charity or efficiency; but rather the desirability of a high standard of living and the recognition of individuality and individual responsibility. The progress has been quiet, often unobserved. In the discovery and development of methods, the best employers (by their own improvements) have always led the way. On the other hand, factory law has fostered the sense of responsibility for the welfare of the workers, so that many employers go beyond the necessary requirements as far as means will allow.

An encouraging aspect of the situation is the fact that thinking people believe that the solution of some part of industrial problems is to be found in the consideration of the workers' conditions. Industry, too, may solve some of its problems by giving this wider meaning to employment. The term Education once referred only to a study of the three R's or the classics, today it is understood to include instruction in physical training, medical attention, feeding of children, proper recreational facilities, home visiting, etc. Public funds are expended on carrying on the educational programme. Employment can no longer be taken to mean the payment of a wage for a fixed number of hours work in a factory, store or office. Its broader significance embraces a responsibility for the health, recreation, good housing, etc., of the employee.

If this work is to be carried on, there must be machinery devised for its promotion. What was formerly a pleasant duty of the owner of the establishment, becomes an absolute impossibility with the growth of a large business, particularly when that business is transferred from private ownership to that of a com-

pany. The task of personal relationship with the employee has completely outgrown the capacity of the individual and must be delegated to others, call them what you will.

So the Personnel Department makes its entrance on the stage. Many criticisms are launched against the work by thoughtless individuals who declare that "It would be much better for so-and-so to pay their help better and not have so many frills." We have already stated that adequate payment must be a foundation for any successful personnel work. Assuming this, we wish to emphasize the fact that the employer very often finds that a considerable sum of money expended on some particular advantages for his employees in general reacts more forcibly than the small individual amounts which might be added to each pay-envelope. Unfortunately, we have no assurance that a weekly increase in wages will be expended for proper medical attention or recreation or educational improvement or any of those things the employer particularly desires for his workers. He values, too, the esprit de corps which is built up through these common interests.

The duties and scope of the Personnel Department in actual practice depend largely on local conditions and the wish of the individual manager. No two departments are identical in size or system. Of the difficult problems and limitations one soon becomes painfully aware. Results are not always obvious and the utmost patience is required along with the willingness to grasp every opportunity for service even though it does not come within the prescribed eight hours. The joy more than compensates for the disadvantages and the worker almost always feels well repaid in one way or another. The writer is reminded of one case where she had been assisting a neglected and altogether badly treated young wife with a small baby, who lived in the upper story of a rather shabby and none too clean house. The landlady followed her to the door insisting that she would have an amazing reward at some future time for the services rendered. The writer protested that she was having quite sufficient satisfaction from the work now. Still the landlady persisted, "It is bread cast on water," she said. Finally, as the writer tried to quiet her, she earnestly assured her in these words, "You know you might some day have a husband who wasn't just all he ought to be." One felt if that was to be the particular form of reward there are times when one might prefer to go unrewarded.

Unquestionably, to be unable to get the other fellow's viewpoint is to fail at the start. We social workers cannot cultivate what ability we have in this direction too assiduously. At this point we are reminded of a certain article in the Literary Digest: The Inmates of the Girls' Industrial School at Delaware, Ohio, the state reform school for delinquent girls, were asked to write a composition on "My Opinion of Social Workers," just after a state conference had been held at the school. One girl wrote, "Not long ago there was a large group of ladies come to this school and they were some of the most homeliest people I have ever saw. I never will forget the first time I saw my probation officer, because she looked so funny, I really felt ashamed to come on the train with her because her hair was skinned tight back and she looked so queer. I have my hair bobbed and curled and she said, 'I don't like the idea of taking you with your hair like that,' but I just had to laugh to myself." Quite frequently, I daresay, some of our friends for whose "uplift" we are laboring have a quiet little laugh on us. It might be quite helpful if we more frequently were made to see their viewpoint.

The Personnel Department is still largely in process of making, nat-

urally a staff of two or three cannot be expected to carry on just the same programme as a staff of twenty-two or twenty-three. The well organized department is responsible for many important phases of the life of the organization including the following:

Employment: This embraces the careful selection of employees.

Education: Introduction into the regulations and facilities of the organization; classes of a purely technical nature or of general school salesmanship classes; training for executives. Some very interesting experiments have been worked out in exchanges between schools and industries.

Publications: House Organs with material gathered, as far as possible, from employees having the supervision of the Personnel Department.

Medical Department: Industrial medicine may be defined as "The best type of medical care, sanitation and hygiene applied to the worker and shop, in order that the employer and the employee may enjoy the benefit of the worker's continuous productive employment." It has been calculated that 3 per cent. of workers are absent through sickness, resulting in a great loss, a large part of which is avoidable. Therefore, elaborate systems are provided for:

1. Physical Examination (not with the idea of eliminating but of fitting the round peg in the round hole); 2. Medical attendance in cases of illness; 3. Sick visiting (keeping records of illness and giving needed assistance in the home); 4. Administration of Sick Benefit Funds; 5. First Aid Room (prevents many serious illnesses, saves time for the worker and company); 6. Safety First Propaganda, schemes to foster health habits, posters, enclosures in pay envelopes, lectures, safety devices on machines; 7. Dentistry.

Employees' Rooms: Lunch room, nourishing food, comfortable noon hour under best conditions; retiring room necessary; rest and recreation rooms; sanitary arrangements adequate; good facilities for drinking water; individual lockers.

Library: Well equipped with fiction and technical books.

Savings Bank: Helps to instil the idea of thrift, discourages quick spending of weekly wages.

Discipline: One of the functions of the Personnel Department should be to give all possible encouragement for adherence to the highest standards and strong support to the necessary discipline of the establishment.

Service: Below is a typical programme of the service work in a well organized factory in England:

Staff—5 lady social workers; 3 gym instructors; 1 dentist; 1 doctor; 2 nurses; 1 social secretary and editor.

Recreational and Educational Activities—Girls' Ambulance and Nursing class, plain sewing, embroidery; dressmaking, cookery, musical society, band, boys' club, gymnasium, football, rugby, camp, old boys' association, girls' hockey, baseball, cricket, swimming, angling, bowling, tennis, debating society, Saturday social for girls, men's social clubs.

This, with an outline of the personnel department in one of the best equipped American stores, should give a fair idea of the recent developments where the work is being extensively and effectively carried.

Personnel staff, 22 in number—personnel service director; executive secretary; physicians (including surgeon and specialists); hospital nurses; visiting secretary; dentist; two physical directors; pianist.

Recreational and Educational Activities—Dramatic club for men and women; athletic club; men's club, men's athletics, smoker quarterly; women's league supper; studio girls' club, especially for cashiers; women's glee club; seasonal classes are held in dressmaking, millinery and cooking.

Equipment for pleasure—1. In the smoking room are cards, checkers, chess and a billiard table; 2. On the roof garden, the handball, tennis, basket and volley ball courts, provide more strenuous exercise; 3 There is also a well selected library with a reading room for men and women; 4. The sewing room is equipped with machines, models, electric iron, lockers, etc.; 5. Its own orchestra furnishes the music for all special occasions.

The relation of the trained nurse to all these programmes is obvious. Her position as a part of every welfare scheme in the working world is accepted. Let us remind you, however, that it is not a fever nurse the employer looks for, but one who has a vision of the broadest aspects of her work. The opportunity for personal service must be felt a responsibility, in the best use of which lies her contribution to the making of good Canadian citizens.

Wide-Awake

[After the recent article on Immigration, "Caught Napping," the following page from the monthly report of a public health nurse in Toronto might well be called "Wide-Awake." It gives a glimpse of the sound educational work of the public health nurse, which undoubtedly is one of the best Canadianizing influences among our recently arrived European immigrants. For those who are not familiar with public health nursing in Toronto, it should be added that the case described was an emergency, as bed-side nursing is not included in the routine work of the nurses.—Editor's Note.]

By E. W. McKINNON, Reg. N.

We have always had the greatest difficulty in trying to teach our Polish mothers the proper care of their babies, partly because they understand so little English, but mostly on account of their old-fashioned superstitious ideas, which they seem to have inherited for generations.

This last week we have had quite an interesting time with one such Polish family. Mrs. K. and her three young children live in one upstairs room in the most dilapidated and dirty old house in my district. It would be impossible to imagine anything worse than this residence, which is rented to four different families, all of the lowest grade of mentality. One dirty sink and a toilet off the original kitchen are the only sanitary conveniences and the two familes who live upstairs have to go down a rickety staircase and out across a yard to get every drop of water they use.

Mrs. K. was deserted by her husband seven months ago and since that time, though in very poor health, has supported herself and family by scrubbing the floors of a restaurant. Her weekly wage was ten dollars and her rent eight dollars a month, and by the time she had supplied fuel, food and clothing for her little family, not a cent remained. To make matters worse, another baby was expected in February.

It was a long time before we could persuade Mrs. K. to attend the prenatal clinic at St. Michael's Hospital, but she finally did so and arranged to go into the hospital for her confinement. The three children were to be placed in a home while she was there and a beautiful layette was obtained from the Rotary Club. We felt that everything was safely provided for, but to my dismay when visiting last week, I found Billie, the three-year-old, just covered with measles.

The very next morning a call came to the school that the nurse was wanted immediately in MacDougall's Lane, and on going over I found poor Mrs. K. in labor. I rushed back to school to consult Dr. M., and while she 'phoned for a doctor from St.

Michael's, I hastily collected gowns, towels, absorbent, soap and a brush from the medical service room and returned to Mrs. K. along with Miss D., a student nurse.

We first moved the sick child, loudly protesting, to the family downstairs, also disposed of the other children, and then took stock, mostly of the necessary articles that we did not have. A bed with only an old red comforter on it, a huge stove covered with battered old cooking utensils, a table with unwashed, broken dishes, and two chairs, comprised the furniture of the room. Overhead, clothes lines were strung from one wall to the other. Not even a scrap of anything to make a pad for the bed could be found, so Miss D. went around the corner and begged a bundle of newspapers from a fish and chip shop, and lysol and boracic from the corner drug store.

In the meantime, I had tried to get the room in some kind of order and had commandeered a grey enamel basin from a colored tenant, who was most ungracious about loaning it, and had arranged a scrub up for the doctor on the end of the table. The only instrument we possessed was my bandage scissors, which we sterilized.

While waiting for the doctor, the moments seemed like hours. Neither Miss D. nor I had ever seen a case outside of a well-appointed hospital operating room and we felt as if the woman could not escape getting some terrible infection. All this time, Mrs. K. was wailing loudly and calling on all her friends, both in Polish and English, to come to her assistance and we had the greatest difficulty in keeping one of her filthy Polish neighbors away from her.

Just as the baby was born Dr. C., a young houseman from St. Michael's Hospital, arrived. He had plainly never been in such a place before and could not get it into his head who we were or from where we had come. I had completely forgotten all about the placenta and had not prepared anything to receive it, so when he called for a basin Miss D. coolly reached over to the stove and handed him the potato pot. It was then that he asked her from what school she had graduated. I did not know about this little episode until later when we had time to laugh about our experiences, for I was trying to find room on the already overcrowded table to deposit the baby.

I found a bottle of castor oil and used it to oil the baby, and after the doctor left had to scald out that same potato pot and use it to bathe both mother and child. The one and only bath towel had to be used for an abdominal binder.

Before going off duty that evening, I returned to find the fire out and the mother worrying over the children who had been detained downstairs, and nothing but dry bread in the house for their supper, as the supplies from the House of Industry had not yet arrived. Sterile dressings had been obtained from Burnside, and I fixed up the woman comfortably for the night, started the fire and carried the two sick children (another had developed a rash during the day) upstairs and put them in bed with their mother. An old basket, after being emptied of wood, and lined with a coat, provided a bed for the baby. An emergency supply of groceries was obtained, but it was certainly with a very doubtful heart that I left poor little seven-year-old Marie in charge of her family.

Just a week has passed since Baby Frances' arrival and many changes for the better have taken place in that little home. All three children are now in the Isolation Hospital, a woman was sent in every day by the Catholic Charities to do the work. Bedding has been supplied for both

mother and baby—some by the Social Agency, but mostly by the teachers at Ogden School, who every day send over some donation. This morning as I was leaving school to bathe the baby, the assistant principal handed me half a dozen fresh eggs for "my family." Mrs. K.'s temperature has never gone above normal and Baby Frances is the most adorable, healthy infant, though I am sure she does not weigh over five pounds.

Best of all, I do not feel that my time has been wasted, for nearly every morning I have had an interested audience of one or two Polish mothers, who come to watch me bathe and dress the baby. They ask all manner of questions and admire greatly "the nice clean baby" and have even promised to come to clinic. I have tried to do everything as perfectly as possible, under the circumstances, and also to explain to them just why we think our way better than theirs, and am now hoping that these actual demonstrations will do more good than all my teaching of the last three years.

Annual Report of the Public Health Committee of the Association of Registered Nurses, Province of Quebec

By MARGARET L. MOAG, Chairman

At the Annual Meeting of the Public Health Committee of the A.R.N.P.Q., the following officers were elected: Chairman, Miss Margaret Moag; Vice-Chairman, Miss Lilian Lawrence; Secretary, Miss E. B. Seaman.

An Executive Committee was formed consisting of these Executive Members and Misses Champagne and Callard.

Miss Callard was appointed publicity representative to The Canadian Nurse in place of Miss Smellie, who resigned. Miss Muriel Martin was appointed convener of the Membership and the Library Committees.

Meetings Held During the Year

On February 29th, in Strathcona Hall, when Miss V. M. Macdonald gave an excellent address on "Scouts, Missionaries and Statesmen in Public Health."

On April 24th, in Strathcona Hall, Dr. Chandler gave an interesting talk on the "Neglected Age of Childhood."

On November 12th, at the Nurse's Club Rooms, Prof. Brydges gave an excellent address on "The Mental Hygiene of Childhood."

On December 4th, at the Nurse's Club Rooms, Dr. Jarry gave a very interesting address on "Tuberculosis" to the French speaking members.

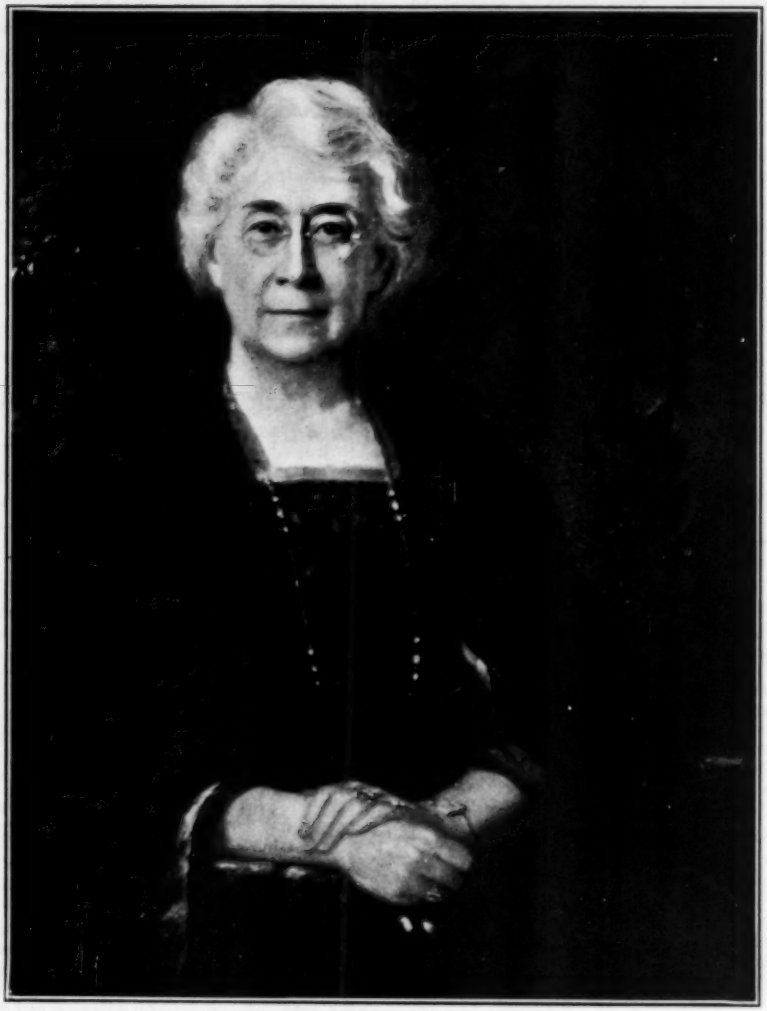
In April a letter was sent to Miss Shaw, Director of the School for Graduate Nurses, McGill University, requesting that an Institute for Public Health Nurses be arranged. This Institute was started in May and proved a great stimulus and inspiration to the nurses who attended.

At the biennial meeting of The Canadian Nurses Association, held in Hamilton in June, Miss Seaman represented the English speaking nurses and Miss Champagne represented the French speaking nurses.

Exhibits were sent to this meeting from the Mental Hygiene Committee, the City Hall, the Child Welfare Association, the Victorian Order of Nurses, and the Laurentide Industrial Nursing Service.

At the executive meeting in November, it was considered advisable to have meetings for the English and French nurses arranged alternately so that all may derive benefit from speakers arranged for each meeting.

During the earlier part of the year, we revised the enrolment of all nurses engaged in public health work in the province of Quebec. Individual membership cards have been sent to all active members and a duplicate index card is kept in the office of the Secretary. There are in the neighborhood of 230 nurses engaged in public health work in the Province. We would like to thank the nurses who have shown their appreciation of membership in the Section by attending the meetings and hope that every member will co-operate in all undertakings during the present year.



MISS MARY AGNES SNIVELY

Photograph of portrait recently hung in the Nurses' Residence, Toronto General Hospital.

Address

[Given by Miss Clara Brown, President of the Toronto General Hospital Alumnae Association, at the unveiling of Miss Snively's portrait.]

Miss Snively, Mr. Blackwell, Miss Gunn, Ladies and Gentlemen:—

It is indeed a very great pleasure for me to welcome on behalf of the Alumnae the many personal and professional friends of Miss Snively and the Toronto General Hospital, and to join with you in doing honor to both in the unveiling and presentation of the portrait of the first Superintendent of Nurses of our Training School.

One cannot but feel honored on an occasion such as this when the opportunity has come to one of performing such a pleasant duty. This honor is one which is shared with the Alumnae Association as the donors, and by the Toronto General Hospital Training School for Nurses as the recipients. In seeking in this way to give ourselves pleasure in presenting to our Alma Mater a portrait of the first Superintendent, we hope to give also to its Alumnae of the present and of the years to come some insight into the history of the school, and some conception of the work and ideals which have served to stamp the subject of the portrait as a woman of character and achievement, and as one whom we shall always delight to honor while we also strive to emulate.

To Sir Joseph Flavelle will be given the opportunity to review briefly the outstanding events in the history of our Training School for Nurses, as well as the work and achievement of the lady in whose honor we are now assembled.

As we older graduates look back on the years of training and close association with this school, we are deeply conscious of the influence of a rare personality; and while many of us may have fallen short of Miss Snively's expectations, none can say that we have not been better for our contact with her. It is therefore with all due recognition of my inability to worthily represent my fellow-nurses on this occasion, but at the same time with sincere appreciation of the honor, that I now, in your presence, unveil the portrait of the first Superintendent of our Alma Mater, Mary Agnes Snively. . . .

It is the hope and assurance, I am sure, of each of us that this portrait which has just been unveiled and which I have now the pleasure, in the name of the Alumnae, to present to the Training School, will serve in the years to come as a reminder to us, as well as to our successors, that we should strive to maintain the ideals of service for which the subject of the portrait has always stood.

To the graduates from the old Toronto General Hospital it is very gratifying that such cordial relations exist between the former and the present Superintendent of Nurses and their graduates.

I have now much pleasure in calling upon Mr. Blackwell to receive, on behalf of the Toronto General Hospital and School, the portrait of Miss Snively.

Department of Student Nurses

Conv ne-, MISS M. HERSEY, Royal Vict ri'a Hospi'al, Mon'real

The Student Nurses' Monthly Case Report

By AGNES McLEOD, Student Nurse, University Hospital, Edmonton, Alta.

The monthly case report for nurses in training is proving very successful in our Training School at the University of Alberta Hospital. The idea came originally from an article written by Sister M. Domitilla in the American Journal of Nursing, and the report forms as we have them are largely patterned after her model.

The accompanying form gives the general outline of the report as it has been worked out in our School, and although it is self-explanatory, let us for clearness tabulate the various divisions.

1. History.
2. Daily Report—
   - A. Symptoms—
     - (a) Temperature, Pulse, Respiration;
     - (b) Complaint;
     - (c) Color;
     - (d) Appetite;
     - (e) Fluid Intake;
     - (f) Condition.
   - B. Laboratory Findings;
   - C. Medication;
   - D. Diet;
   - E. Nursing Care.
3. Complications and Sequelae.
4. Summary of case.
5. Chart of temperature and pulse.

The student nurse secures most of the material for her report from the patient's chart which is kept in the chart room on each floor of the hospital; the rest she obtains by observation of the patient from day to day and by reading as many books as possible on the subject.

The **History** is a synopsis of the chart history, giving the complaints of the patient and any details which the nurse considers relates to his present condition.

The **Daily Report** is kept from day to day by the nurse and is very largely taken from the chart, but in this part the observations made by the nurse can be introduced. Besides this, any tests the patient may have had are charted, also the medication, diet and nursing care given during the day.

The **Summary** includes the following details:

1. Condition of patient;
2. Diagnosis;
3. Etiology;
4. Pathology;
5. Characteristic symptoms;
6. Treatment.

Some of these are obtained from the chart, but the greater part of the summary is secured by the student nurse in her study of the disease. One record is required monthly from each nurse in training. The Instructor of Nurses marks these records each month and they are then returned to the nurses. The collection of reports grows larger each month and at the end of the year the student nurse has a real working knowledge of the cases she has nursed.

Besides the Student's Case Report each student nurse keeps a daily record of all cases she has nursed during the month. The **Record Form**, as will be seen in the cut, has two parts separated by a perforated line, the top being the Case Record proper and the lower being a summary.

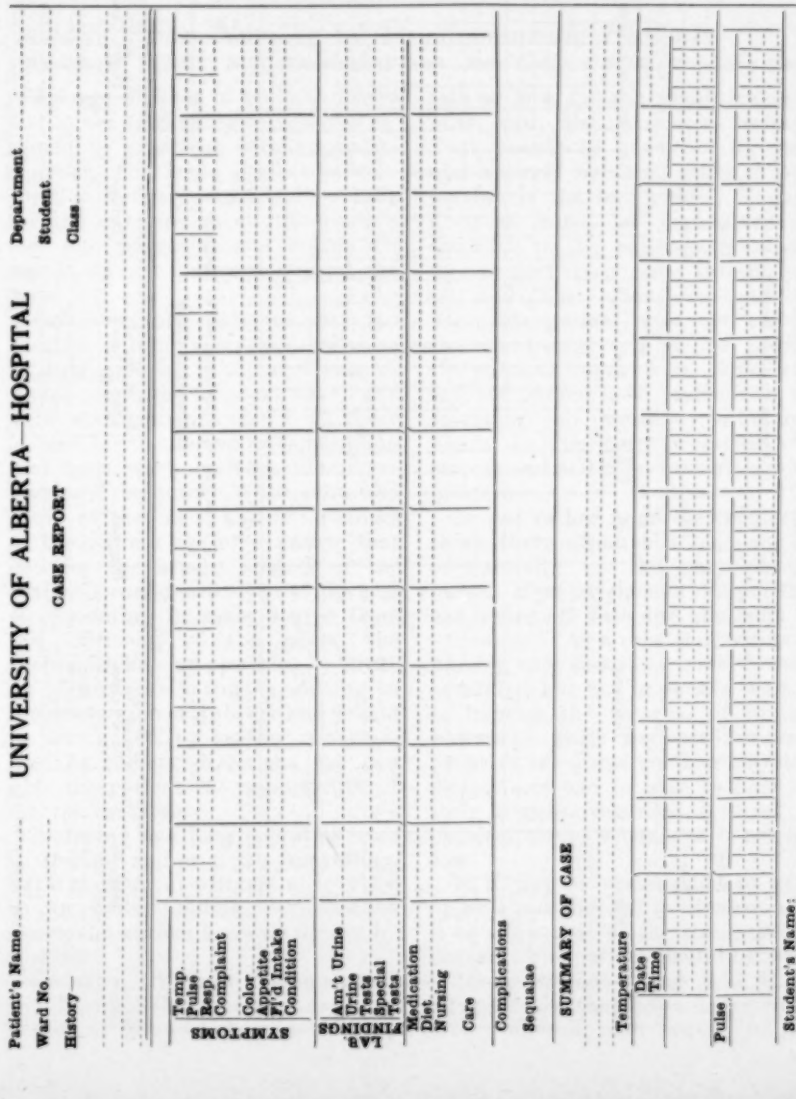
The Record includes the names of the patients, the diagnoses of the cases, the department to which each patient has been assigned, the service received and the number of days the patient has remained under the nurse's care. At the end of each month the record is totalled and the summary is filled in.

The summary is a list of the cases tabulated under their diagnoses,

their number and the number of days they were nursed. It also sums them up under the different departments to which they belong, whether they be medical, surgical, gynaecological, pediatrical, orthopedic, obstetrical, private and semi-private.

The records are handed in with the case Reports at the end of each month. The Instructor of Nurses corrects them, returns the top part of the record to the student nurse, and sends the summary to the School Office to be charted on the permanent case reports.

This is a more or less mechanical way of combining the nurse's theoretical and practical work, but it is proving very successful in our Training School and for this reason we are submitting this short article with its accompanying cuts to The Canadian Nurse, hoping that it may be of some benefit to other training schools.



UNIVERSITY OF ALBERTA—HOSPITAL

Student's Case Record

Name..... Date.....19.....

Year..... Floor.....

No.	Name	Diagnosis	Dept.	Child	Priv.	S. Priv.	Pub.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

To be torn off at perforated line by Instructor

Name..... Date.....19.....

Summary of Cases

Year..... Floor.....

No. of Cases	Diagnosis	No. of Days	No. of Cases	Diagnosis	No. of Days	No. of Cases	Diagnosis	No. of Days	No. of Cases	Diagnosis	No. of Days
										Medical	
										Surgical	
										Gynaecological	
										Pediatrics	
										Orthopaedic	
										Obstetrics	
U. H.	Form 164—8-24-100-4471									Private & Semi Private	

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

The Nursing of Psychoneurotic Patients

By DR. W. F. DEY, M.O. Neurological Dept., Deer Lodge, D.S.C.R., Winnipeg Man.

A large number of trained nurses feel at sea on finding themselves assigned to a patient with a psychoneurosis. This is not at all to be wondered at, because such a patient calls for the exercise of all the nurse's tact and judgment and makes demands on her patience beyond the usual.

Psychoneurotic patients vary too greatly in their symptoms and also in their make-up to allow of rule-of-thumb methods in their care, and with such patients above all there is need for the closest understanding and team work between the physician and the nurse. While naturally many of the emotional disturbances of the patient are of a nature that call for the utmost respect of the patient's confidence, even at the cost of detracting in some degree from the efficiency of the nurse, she should, as far as possible, be given an idea of the factors operating in the production of disorder and should be shown how by leading conversation in certain directions she can give the patient the opportunity of mental catharsis.

Listening to a long recital of woes is tiresome and as a rule unavailing, but if the patient will talk of troubles to an understanding, level-headed nurse, the burden becomes lighter by sharing.

So often the most difficult question for a nurse to decide is as to the degree of firmness she should maintain or how far she should compromise with her patient's feelings. That cannot be answered by rule, and a nicely balanced sense of proportion is the best guide. Enough firmness must be maintained to establish in the patient's mind the feeling that the nurse is sure of herself and understands. On the other hand, the patient must not become too negative in self feeling toward the nurse or anyone else. That is to say, the patient must realize that his salvation rests ultimately in his own hands, and in many cases his self-respect and self-assertiveness require bolstering.

In one rather important respect I think there often is a tendency to over-activity on the part of the nurse. Most psychoneurotic patients are better off with the minimum of "fussing." As a rule, the routine of nursing care should be gone through carefully, but not in such a way as to impress the patients of its importance. Such patients are very prone to lay stress on their physical discomforts and to wish to have all their ailments regarded as being of physical origin when such is not the case.

It is just as undesirable to keep up an atmosphere of excitement as it is to allow that of the sick room to prevail. The patient should be made to feel, without being told in so many words, that he is expected to orient himself with regard to dis-

tressing memories or anxieties and that he may expect help in his task. At the same time he should be given to understand with equal tact that his physical condition is another matter and will be looked to as required, but no further.

It is no wonder, therefore, that most nurses approach such patients with a good deal of trepidation, because they are called on to exercise in a large degree qualities of mind that are less needed in the care of patients of other classes.

"In Memory of" Etaples and Doullens in May, 1918

The month of May and Whit-Sunday cannot but recall memories sad and dear to us all, and it is with deepest respect that we insert this short paragraph to the sacred memory of Nursing Sisters Katherine Macdonald, Margaret Lowe, Gladys Wake, No. 1, Canadian General Hospital, Etaples, and Dorothy Baldwin, Agnes McPherson and Eden Pringle of No. 3. Canadian Stationary Hospital, Doullens, who lost their lives as a result of the air raids of May 1918.

May the sacrifice they made ever remain a symbol of the devotion that every nurse is willing to contribute should the occasion demand, in the execution of her duties.

Their names will always stand for courage and valor while on duty in active service and their memories remain green forever among those who shared the conflict of that eventful month.

To those of us who were in Etaples on that beautiful, quiet Whit-Sunday night, these words bring back not only the horror and suffering but a sense of pride and rejoicing in the calmness and unselfishness with which these sisters endured their sufferings.

They recall to us a picture of shattered sisters quietly lying on the hillside to which they had been removed from the splintered wood and asbestos which represented all that was left of their quarters, until they could be carried by stretcher bearers to the hospital.

To those who were at Doullens these words recall a picture of the sisters struck down so unexpectedly while on duty in the operating room.

They died the death of brave soldiers. No greater tribute can be given them.

News Notes

NOVA SCOTIA

N/S L. M. Hubley, R.R.C., Matron, Dalhousie Hospital, C.E.F., who has been seriously ill with influenza since February, has returned to her duties at the Halifax Military Hospital, and has also resumed her duties as President of the local chapter G.N.A. and of the Nova Scotia G.N.A.

N/S K. O. MacLatchy, R.R.C., Matron, McGill Hospital, C.E.F., has been on the staff of the Halifax Military Hospital since returning from Overseas.

N/S Lalia Thomas has accepted the position of Superintendent of the Infants' Home and Women's Hospital, Halifax, N.S.

Matron McIsaac, of St. Francis Xavier Hospital, C.E.F., has been matron of the D.S.C.R. Hospital, Halifax, N.S., since it was taken over from the C.A.M.C., C.E.F., in January, 1920. On her staff are Nursing Sisters Margaret MacDonald, Louise MacDonald, Josie Cameron, Eunice Harrison, Lillian Fitzgerald, Euphemia MacKinnon, Margaret Drew, and Anna R. Hilcoat.

N/S A. D. Allen, C.E.F., 1914, after spending convalescent leave (from appendectomy) in Halifax, has returned to the General Hospital, Sydney, N.S., where she is in charge of the massage department.

Much sympathy is extended to N/S Veronica White, Health Centre No. 1, Halifax, in the loss of her brother, Lieut. Joe White, R.C.A.F.

N/S Ada Benvie is returning shortly to Vancouver, where she will resume her work in public health nursing. Much sympathy is extended to N/S Benvie for the loss of her father and mother during the autumn.

News Notes

ALBERTA

Edmonton Graduate Nurses' Association

At the February meeting of the Edmonton Association of Graduate Nurses, Dr. J. A. Collip gave an interesting lecture to the Association in the Red Cross hut. His subject was "The Secretions of the Ductless Glands, Insulin, and Vitamines." Slides were used to show the effect of over stimulation or deficiency of secretion of these glands in the body. Dr. Collip also used slides to show the benefit of insulin treatment in diabetic patients, and the part played by vitamines in connection with general health.

At the March meeting of the Association a very instructive and scientific address on some of the newer intravenous serums was given by Dr. M. E. Ha'l, pathologist of the Royal Alexandra Hospital. Dr. Hall referred to the great development which has taken place in the last three years in technical methods of medical treatment; to the treatment during wartime of infection and wounds, which occupied the major attention of the medical world; and also to the progress made to overcome septic and infectious organisms, special mention being made of insulin and glucose intravenous medication. Dr. Hall also spoke of the development of the Schick test in diphtheria, the Dick test in scarlet fever, and dwelt on the education of the public in regard to these tests, following which communicable diseases should be practically nil.

At the close of the address a hearty vote of thanks was extended to Dr. Hall and the hope expressed that he would address the Association again soon.

Miss Bernice Bean, R.A.H. (1916) has accepted a position with the City Health Department, made vacant by the resignation of Miss M. A. Wilkie, whose marriage to Mr. C. Trueman took place in Vancouver on February 27th. Mr. and Mrs. Trueman are making their home in Portland, Ore.

Miss Lillian Lawrie, R.A.H. (1917), recently returned from California, has accepted a position on the staff of the Royal Alexandra Hospital.

BRITISH COLUMBIA

VICTORIA

Royal Jubilee Hospital A.A.

On March 11th, 1925, the new wing of the Jubilee Hospital was opened. The Alumnae Association furnished Ward 242: a six-bed, semi-private women's ward, which was much admired by the visitors.

On March 12th the Association held a re-union dinner at the Chamber of Commerce, when seventy-five nurses were present. Former matrons of the hospital were the guests of honor and many out-of-town graduates were present. The toasts and speeches were interspersed with community singing. Stunts by the "Kitchen Glee Club" and a "Whistling Solo" given by undergraduates added much to the enjoyment of the evening.

A very enjoyable "get together" luncheon was given by Miss Jaffrays and Miss Naden, of the Cowichin Health Centre, to discuss suggestions for the Institute to be held during Easter week at the University of British Columbia. Those present were: Miss Morrison (Esquimalt School Nurse), Miss Buckley (Dental City Clinic Nurse), Mrs. Osborne (School Nurse, Victoria), Miss Fullerton (Saanich Health Centre), Miss Davie (Public Health Nurse, Ladysmith), Miss Wood (Nanaimo Public Health Nurse), and Miss McCormick (V.O.N., Victoria).

The tag day held March 14th under the auspices of the Local Council of Women was very successful, the net total collected being $794 35. The object was the endowment of a children's operating table, and congratulations are due those who organized and carried through this successful undertaking.

MANITOBA

Brandon Graduate Nurses' Association

The regular monthly meeting of the Association was held April 7th. Dr. Carter gave an interesting lecture on "Physiotherapy," showing how the older methods of treating skin conditions by external applications—ointments, plasters, etc.—have been displaced by electro-magnetic waves.

The Association decided to dispense with the usual annual banquet; instead, the next social event will take the form of an entertainment for the graduating class of the Brandon General Hospital.

On St. Patrick's Day the members of the Association were the guests of the Superintendent (Miss Mitchell), and the graduate staff of the Mental Hospital. During the afternoon the visitors were shown over the new psychopathic wing, which was much admired. Dr. Baragar outlined the aims and ideals of the institution in regard to the nursing service. He was followed by Dr. Davidson, who gave an interesting talk on the methods of examination and treatment of mental patients. Dinner was served in the Nurses' Home, the table decorations being charmingly carried out in St. Patrick color scheme. This dinner was delightfully informal: speeches being taboo. Coffee, music and a pleasant social time in the drawing room concluded one

of the Association's most enjoyable social events of this year.

Miss Rachel McCulloch, of the Brandon Mental Hospital, who has recently returned from a vacation in England, had rather an exciting journey home on the C.P.R. SS. "Mont Laurier," which left Liverpool, February 23rd, in somewhat stormy weather. On the third day out the ship's rudder broke and she drifted for four days, in heavy seas, unable to get aid by wireless, owing to rough weather. On the fourth day she entered Queenstown (Ireland) under her own steam. The storm calmed and the passengers were transferred to SS. "Montclair," and they had fair weather for the remainder of the trip. Miss McCulloch says everybody kept calm, in spite of undeniable anxiety. There were several small casualties among the passengers, due to the rough passage.

SASKATCHEWAN

The eighth annual convention, and first Institute to be arranged by the Saskatchewan Registered Nurses' Association, were held in Moose Jaw on April 15th, 16th and 17th, with nurses in attendance from eighteen centres. Over sixty per cent. of those registered were from places outside Moose Jaw, and the registration numbered over ninety.

The first day was devoted entirely to the business of the Association, the greater portion of one session being given to the consideration of the report of the Supervisor of Nursing Housekeepers on the plan instituted some four and a half years ago by the University of Saskatchewan upon the request of the Registered Nurses' Association. At the close of the discussion a resolution was passed by which the Saskatchewan Red Cross Society was asked to continue its grant to the Nursing Housekeeper plan. A committee, with Miss Ann Morton, of Weyburn, as convener, was appointed to investigate and report to the Nurses' Association at the next annual meeting.

The invitation of the Saskatoon Graduate Nurses' Association to hold the next annual meeting in Saskatoon was accepted; it was decided that no meeting would be held in the autumn of 1925.

The officers elected were: President, Miss S. A. Campbell, Saskatoon; 1st Vice-President, Miss C. M. Kier, Moose Jaw; 2nd Vice-President, Miss M. McGill, Saskatoon; Councillors, Miss R. M. Simpson, Regina, and Miss C. I. Stewart, Regina.

The Institute was opened by the President (Miss Simpson), who called upon Dr. Gareau as the first speaker. Dr. Gareau gave a series of addresses on Infant Feeding, which proved of most practical value to all private duty nurses, as well as to nurses engaged in any form of child welfare work. The addresses by Dr. A. T. Mathers, of the Psychopathic Hospital, Winnipeg, amply showed the need of a knowledge of psychiatric nursing on the part of all nurses, as well as indicating the responsibility of the nursing profession to assist in certain branches of this work. Surveys of recent developments in medicine and surgery by Drs. Burwell and Bawden, of Moose Jaw, were much appreciated. The effect on character building of such movements as the Student Christian Movement, and Student Government in the nurses' home life were very capably outlined by Miss Ruth Morrison and Miss Kathleen Connor, while Miss Kinder spoke of the Student Government plan from the standpoint of a hospital superintendent. The inspirational addresses of Miss Mary E. Gladwin, Director of Nursing Education for the State of Minnesota, showing the part played by every nurse in the development of the nursing profession, will long be remembered by every nurse fortunate enough to be present. Miss Gladwin's final address on "The Teaching of Nurses" was one which no Training School Director or Instructor of Nurses could afford to miss.

It was felt that the Institute had been of the greatest practical benefit to every nurse in attendance, and closed with cordial votes of thanks to all who had assisted, as well as to the nurses of Moose Jaw, who fully lived up to their old-time reputation for hospitality.

REGINA

Regina General Hospital

Miss Mary J. Young (R.G.H., 1921) and Miss Jean Norquay (R.G.H., 1919), recently on the staff of the Hugh Waddell Memorial Hospital, Canora, have resigned their positions and are entering the Vancouver General Hospital on the first of May for post-graduate work.

Miss Josie R. McGhie (R.G.H., 1922) has recently accepted a position on the staff of the Red Cross Outpost at Eastend.

Miss Lillian Seale (R.G.H., 1922), recently on the staff of the Hugh Waddell Memorial Hospital, Canora, is now engaged in private duty nursing in Pittsburgh.

Miss Agnes C. Dunham (R.G.H., 1914), for the past two years Assistant Superintendent at the Saskatoon City Hospital, has resigned, and after a short vacation intends going to New York for post-graduate work.

Regina Grey Nuns' Hospital

Miss Florence M. Campbell (R.G.N.H., 1915) has returned recently from China, where she served as a missionary with the Canadian Methodist Church for six years.

Miss Christina Helm (R.G.N.H., 1918) is doing private nursing in Detroit, Mich.

Miss Dorothy M. Mole (R.G.N.H., 1916) has accepted the position as Superintendent at Soughton General Hospital, Soughton, Wisconsin.

ONTARIO

TORONTO

Toronto General Hospital A.A.

The Graduation Exercises in honor of the 43rd class of nurses graduating from the Toronto General Hospital School for Nurses were held in Convocation Hall on the evening of Tuesday, March 31st. The exercises took place two months earlier than usual, due to the immediate departure for Europe of the Superintendent of Nurses, Miss Jean I. Gunn.

The proceedings began with a prayer by the Rev. J. R. P. Sclater, of Edinburgh, Scotland. Following this Miss Gunn gave her yearly report. She stated that the first graduation of nurses from the General Hospital took place in 1883, with five students graduating. Since then, the grand total of graduates has grown to 1,411. This total includes the class of 1925, which is the largest in the history of the hospital: 94 in all.

At the close of Miss Gunn's report, Mr. C. S. Blackwell, chairman of the Board of Trustees, gave a short report.

Dr. Sclater then delivered an address to the graduating class, which combined humor with a stirring plea for the upholding of the traditions of nursing.

The school pins and diplomas were distributed by Mrs. Cockshutt, and scholarships and prizes were awarded by the donors.

Three scholarships for one-year postgraduate work in Public Health were awarded to Misses Starke, Taylor and Winter; the scholarship for general proficiency to Miss Reid; for proficiency in operating room technique to Miss Neill; for highest standing in obstetrical nursing to Miss Starke; for the highest marks in examinations to Miss Mellish; and for highest standing in practical work to Misses Neil and Rhodes.

At the close of the exercises, Mrs. Cockshutt and Miss Gunn held a reception at Hart House for the graduating class and their friends. An unusually large number were present and the entire evening was most successful.

Miss Kathleen Russell, B.A. (1918), who holds the chair for Public Health Nursing in the University of Toronto, has been invited by the Rockefeller Foundation to study Public Health problems on the Continent. Miss Russell is the first holder of such a position in the University of Toronto and is well known both here and abroad for her signal work along public health lines. She will sail on the "Minnewaska," leaving New York, April 25th.

Miss Jean Browne (1910) and Miss Jean I. Gunn sailed for England on the "Aurania," leaving New York on Saturday, April 4th. Miss Browne has been sent to Europe by the League of Red Cross Societies in Paris to study Junior Red Cross conditions on the Continent. She will also attend the International Council of Nurses at Helsingfors, Finland, as President of the Canadian National Association. Miss Gunn will tour European hospitals as the guest of the Rockefeller Foundation, and will also attend the International Council of Nurses.

On the evening of Monday, March 16th, a party was given in the Nurses' Residence by the graduate staff of the hospital in honor of the Superintendent of Nurses, Miss Jean I. Gunn, who left early in April for Europe. The party took the form of a "shower" of attractive gifts, useful for travelling. The rhymes accompanying the gifts were the cause of great hilarity and the evening was a most enjoyable one. Refreshments were served at the close of the "shower" and the evening came to an end with another "shower" —of good wishes for Miss Gunn.

Mr. and Mrs. Silverthorne (Nell Smith, 1921) have returned from their trip abroad and will live at Islington, Ont.

Miss Katherine Meek (1917) has accepted a position as assistant supervisor in the Private Patients' Operating Room, Toronto General Hospital.

Misses Grace Delaney and Mary Youngs (1923) have left for Birmingham, Ala., where they are to have charge of the Seale Harris Clinic for diabetic patients.

The regular meeting of the Alumnae Association was held on Wednesday evening, April 1st, in the Nurses' Residence, with over one hundred members present. The outstanding proposals brought before the meeting were the sending of a representative from the Association to Helsingfors, or the granting of a scholarship for a post-graduate course in Public Health Nursing, Hospital, or Training School Administration, and the sanctioning of a theatre night, which had already been partly arranged. Further items for discussion were the proposal for the sending of delegates to the G.N.A.O. convention being held in London, April 13th to 15th; the adoption of a new cabinet filing system for the names and addresses of Alumnae members; and the suggestion that the Alumnae Association be granted a special club rate to The Canadian Nurse, owing to the large subscription list. Following a somewhat heated argument and discussion, it was voted that no delegate be sent to Helsingfors, but that a scholarship be granted, since the majority believed the scholarship to be more valuable and lasting in its effects upon the community at large; and also because of the great financial responsibility that the former

proposition would entail. A committee was nominated for the investigation and arrangement of the scholarship, as to the manner of notifying the members of the Alumnae of the scholarship, the application forms to be sent out, and the choice of the candidate. The theatre night, which had already been partially arranged and settled, was sanctioned, and it was voted that a portion of the proceeds be used for the scholarship fund; the theatre night to be held on April 20th at the Royal Alexandra, the play being Victor Herbert's "Dream Girl." The new constitution and by-laws to be voted upon at the G.N.A.O. were read and discussed, but no suggestions for improvements were offered to our delegates. The delegates to be sent to the convention in London were as follows:—Miss Clara Brown, President; Miss Patterson, from the hospital; Miss V. Henderson, from the Public Health, and Miss Green from Private Duty. Each section of the Association would be represented by sending these delegates. The adoption of a new cabinet filing system whereby the members' names and addresses could be systematically kept was received with welcome. A resolution was passed that The Canadian Nurse be asked to grant the Association special club rates owing to the large subscription list. Refreshments were served at the close of the meeting, thus concluding a very busy and profitable evening.

On the evening of March 26th a dance was given by the Alumnae Association in the Nurses' Residence in honor of the graduating class of 1925. Miss Clara Brown (President), Miss Gunn and Miss Locke received the unusually large number of guests, and the evening proved to be a most enjoyable one.

Hospital for Sick Children A.A.

Miss Griffin (1924) has accepted the position as Social Worker at the Children's Memorial Hospital, Chicago.

Miss Jessie Wilson (1914) has accepted the position as nursing sister on board the SS. "Empress of Australia" on her cruise to the Orient.

Miss Pratt (1923) has resigned her position at the Red Cross Hospital, Englehart.

Miss Dennison (1917) has resigned her position as Assistant Superintendent of the Victoria Hospital, London, Ont., and has been appointed Superintendent of the Orangeville Hospital.

Miss Waddell (1919) has been appointed Night Superintendent, Shriners' Hospital for Crippled Children, Montreal.

Miss Palen (1923) has resigned from her position at the Rainbow Hospital, Cleveland, in order to be married.

Miss Edith Watt (1923) has resigned from her position as Assistant in the Operating Room at the Hospital for Sick Children and has accepted a position in the Operating Room of the Hamilton General Hospital.

Attendance was very large at the annual meeting of the Heather Chapter, I.O.D.E., Toronto, which was held at the residence of the Hospital for Sick Children, Elizabeth Street, Toronto, on February 17th, 1925. At the close of the address of the Regent (Mrs. Canniff, H.S.C.), various reports were read, which were most satisfactory and showed that the Club had taken care of 625 children: providing glasses, splints, clothing, boots and rubbers, special nourishments and baby feedings; given away 29,208 quarts of milk, and provided 133 children with an outing of two weeks at the Summer Pavilion on the Lakeside Grounds, Toronto Island.

Toronto Western Hospital A.A.

The monthly meeting of the T.W.H.A.A. was held at the residence of Mrs. George Valentine, Lakeview Avenue. After the routine business was transacted, refreshments were served and a social evening spent.

Mrs. George Valentine was hostess to a very delightful "Bridge" party on Monday evening, March 16th. The proceeds of the evening are to help furnish a "layette" in connection with the Social Service Depot of the hospital. The assistants were Mrs. (Dr.) Bailey, Mrs. MacConnell, Mrs. Hueston and Mrs. Wettlaufer.

St. Michael's Hospital A.A.

The officers for 1925-1926 elected at the annual meeting are: President, Miss I. M. Foy, 163 Concord Ave.; 1st Vice-President, Miss Hilda Kerr; 2nd Vice-President, Miss E. Dunn; 3rd Vice-President, Miss A. Cahill; Recording Secretary, Miss M. Larkin; Corresponding Secretary, Miss K. Meader, 181 Northcliffe Blvd.; Treasurer, Miss Rioardan, 17 Lockwood Rd.; Directors, Misses Cunningham and J. Moore, Mrs. Arkins.

The Association is holding a theatre night on May 12th, in aid of the Social Service Scholarship Fund.

The Ladies' Auxiliary of St. Michael's Hospital held a theatre night on March 17th, in aid of the Social Service Scholarship Fund.

Rev. Sr. Hieryonome, Sister Merlaine, Miss I. M. Foy and Miss Ballantyne attended the annual meeting of the G.N.A.O. in London.

PETERBORO

Nicholls' Hospital A.A.

Miss Daisy Stalker (1922) has accepted the position of Operating Room Supervisor in the Nicholls' Hospital.

The many friends of Mrs. Breckenridge (formerly Miss Eva Archer, Assistant Superintendent of Nicholls' Hospital), will be pleased to learn that she is making satisfactory progress following a recent illness.

Miss Olive Waterman (1921) and Miss Irene Thompson (1921) have accepted positions in Washington, D.C.

Miss Gladys Parker (1922) has accepted a position in the Military Hospital, Milwaukee.

Misses G. Thomson, Vera Baker and Edith Tucker, graduates of Nicholls' Hospital, have accepted positions in the Knickerbocker Hospital, New York.

HAMILTON

Hamilton General Hospital A.A.

Miss Grace Powell has resigned her position as assistant operating room nurse and has accepted a position at the General and Marine Hospital, St. Catharines.

Miss Ivy Buscombe has been appointed nurse in charge of Ward 4.

Miss Hazelwood has accepted a position as instructor in New York State Hospital.

Miss Adah Robertson has given up her position in the City Hospital, Massellon, Ohio, and has returned to private duty nursing in Hamilton.

Miss Minnie Pegg, who has been very ill in the hospital for over eight weeks, is now convalescing.

At the last meeting of the Alumnae, held on April 7th, a very interesting talk was given by Miss McLeod of the Public Library, on Canadian Books.

QUEBEC

MONTREAL

Royal Victoria Hospital A.A.

At the April meeting of the Alumnae Association, Mr. R. C. Calder, K.C., addressed the members on "The Bench and Bar as Seen by Dickens."

The prize winners in the graduating class this year were Miss Beatrice Eastmure and Miss Marjorie Dobie. Miss Eastmure was awarded the prize for general proficiency in the first division and Miss Dobie in the second. Miss Dobie was also the winner of the prize for the highest standing.

As an expression of their appreciation of their school, the members of the graduating class left a subscription of one hundred dollars to be added to the Garrow Scholarship Fund.

Many friends of Mrs. H. H. Cheney (Anna Lawson, 1920) will be pleased to hear that she is exhibiting two pictures at the Spring Exhibition at the Art Gallery, Montreal. Dr. and Mrs. Cheney are leaving shortly for Ottawa, where Dr. Cheney has accepted the position of Chief Radiologist at the Ottawa Civic Hospital.

Miss Isabella Goodearle (1924) is taking a post-graduate course at the Holt Memorial Hospital.

Miss Gwen Johnston (1923) has accepted a position as office nurse with Drs. Gunn, Hackney and Shore in Calgary, Alta.

Montreal General Hospital A.A.

At the M.G.H.A.A. monthly meeting, in March, Miss M. A. Martin, of the Child Welfare Association of Montreal, gave a very interesting address concerning the work carried on by that association. Dr. Eberts lectured on "Diseases of the Thyroid Gland" at the April meeting.

Miss Freda Whitney (1921) has been appointed second assistant on the O.D. staff of the M.G.H. This position has been created recently owing to the steady increase in the number of patients attending the Outdoor Department, which is one of the largest in the world. During 1924 the total number of patients was 161,000, while 20,000 more attended the department in the Western Division of the hospital.

Miss Whitely (1924) has taken a position in the hospital at Iroquois Falls, Ont.

Miss Jeanette Dunwoodie (1918) is engaged as a nurse on the SS. "Melita," sailing from St. John, N.B.

Miss A. H. Leonoweus (1919), who has been living in California for some time, went to Sicily for the winter, and is now staying at Naples.

Miss M. Lineham (1922) is leaving the S.O.R. staff of the M.G.H. to take charge of a ward in the Hartford Hospital, Hartford, Conn. Miss Annie E. Palmer (1925) will succeed Miss Lineham.

Miss Annie Hogge (1924), who has been on the night staff of the M.G.H. for some time, has accepted a position as night supervisor, Fisher Memorial Hospital, Woodstock, N.B.

The engagement is announced of Miss Beatrice Mary Preston (1922), daughter of Mr. and Mrs. H. J. Preston, of Turllingate, Newfoundland, to Dr. Ernest Cahill Menzies, son of Mrs. Lois Menzies, of Aylesbury, Sask. The marriage is to take place in September at Turllingate. Miss Preston is on the staff of the M.G.H. and Dr. Menzies is on the staff of Verdun Protestant Hospital.

QUEBEC

Jeffery Hale's Hospital A.A.

At the meeting on February 2nd a lecture was given by Dr. J. Dobbin to the Association and the students in training.

At the monthly meeting of the Association on March 2nd, Miss M. Shaw gave a very interesting talk on her trip to Europe, which was very much enjoyed by all present.

Miss Edith Glass (1918) has been home on a visit from New York.

Miss H. Black (1916) has resigned her position in charge of the Douglas Wing and is being succeeded by Miss E. Mathieson (1920).

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

LOCKE—At Montreal, April 6th, 1925, to Mr. and Mrs. Stanley Locke (Anna Murray, R.V.H., 1921), a son.

AITCHESON—In Kingston General Hospital on April 6th, 1925, to Dr. and Mrs. C. W. Aitcheson (Kathleen Harold, K.G.H., 1920), of Yarker, a son (David Harold).

STOREY—On April 7th, at the Cottage Hospital, 84 Wellesley Street, Toronto, to Mr. and Mrs. S. C. Storey (Marion Starr, H.S.C., Toronto, 1917, President of the A.A., H.S.C., Toronto), a son.

McLEAN—On Saturday, March 28th, in the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Ralph McLean (Sarah Isabel Mitchell, T.G.H., 1913), of Allison, a daughter.

BICKNELL—On Friday, March 6th, in the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. N. J. Bicknell (Virginia Carpenter, T.G.H., 1920), a son.

BRERETON—On February 22nd, to Dr. and Mrs. C. H. Brereton (Marjorie Rose, Toronto Western Hospital), a son.

CUSTER—On December 8th, 1924, at Bayonne, N.J., to Mr. and Mrs. James Custer (Emeline Harvey, Toronto Western Hospital), a son.

MILLER—In February, 1925, at Detroit, to Mr. and Mrs. Miller (Beatrice Annan, Toronto Western Hospital), a son.

ROWLANDS—On January 30th, 1925, at Model City, P.Q., to Mr. and Mrs. Rowlands (Irene Taylor, Montreal General Hospital, 1920), a son.

MARRIAGES

TRUEMAN—WILKIN—On February 24th, M. Wilkin to Clifford Trueman. Mr. and Mrs. Trueman are living in Portland, Ore.

WILSON—HILL—On February 18th, Opal Hill (Toronto Western Hospital, 1918) to A. Wilson, of Toronto. Mr. and Mrs. Wilson will live in Brampton, Ont.

HARRISON—TOMLINSON—On November 12th, 1924, at Lloydminster, Alta., Jean A. Harrison to Robert B. Tomlinson. Mr. and Mrs. Tomlinson are living at Innisfree, Alta.

SCOTT—WESTLAKE—On September 3rd, 1924, at Bond Head, Mary Eleanor Westlake (Oshawa General Hospital, 1921) to William S. Scott, Oshawa, Ont.

BROWN—HUCK—On November 29th, 1924, at Montreal, Laura Huck (Oshawa General Hospital, 1921) to Dr. Bryce Brown, Oshawa, Ont.

BRADLEY—ATKINSON—On April 7th, in Knox College Chapel, Toronto, Jean Atkinson (T.G.H., 1924) to Dr. Harry Bradley. Dr. and Mrs. Bradley will reside in Wheatley, Ont.

HILLIER—SMITH—At Trinity Church, Quebec, Myrtle Smith (Jeffrey Hale's Hospital, 1923) to H. R. Hillier.

DOODY—PEAKE—On Tuesday, March 31st, 1925, in Regina, Sask., Alice Edith Peake (Regina General Hospital, 1924) to Cyril W. Doody, of Regina.

HOGARTH—LAUDER—On Saturday, April 4th, 1925, in Regina, Sask., Isabella C. Lauder (Regina General Hospital, 1916) to Clarence G. Hogarth, of Regina.

HUGGINS—McNABB—On December 20th, 1924, in Jos, N. Nigeria, W. Africa, Janet McNabb (Montreal General Hospital, 1920) to John A. Huggins. Mr. and Mrs. Huggins are engaged in mission work in West Africa.

DEATHS

STUART—On March 14th, 1925, at Montreal, Anna M. Stuart (Royal Victoria Hospital, 1902).

HOOPER—On October 12th, 1924, at Oakland, California, Mrs. Hooper (Annie E. Weber, Oshawa Hospital, 1915).

The Committee on Arrangements in Helsingfors have postponed the final date to June 1st on which reservations for accommodation may be made by nurses who are planning to attend the Congress of the International Council of Nurses, July 20th-25th, 1925.

Applications for reservations should be sent immediately to the Committee on Arrangements, Kirurgiska Sjukhuset, Helsingfors, Finland. The application should indicate:

1. Name, address, and position of applicant, etc.

2. Type of room desired in Helsingfors.

3. Probable date of arrival and length of stay.

Graduate Nurses' Association of Nova Scotia

The first examination for Registered Nurses' certificates in Nova Scotia will be held in Halifax, N.S., on Tuesday and Wednesday, May 19th and 20th, 1925.

Candidates wishing to write are requested to communicate at once with the Registrar:

L. FLORA FRASER
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for
Public Health Nursing

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Applications will be received until June 30th, 1925, by

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For circular and further information, address

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Handicraft Work Helps Patients to Forget Afflictions

Some months ago the Victorian Order of Nurses decided to try the effect of handicraft work on certain of their chronic patients who suffered from depression. The results have been so successful in every way that the V.O.N., through its Department of Occupational Therapy, plans to extend the work considerably this fall. Handicrafts are taught by trained volunteers under the direction of the secretary, Miss Ivadell Hurd, who was responsible for introducing the work to V.O.N. patients. Articles of raffia work are a specialty of the Department and the patients have produced bags and under-arm purses as well as luncheon sets, cushions, etc., which show a high degree of artistic skill in design and execution. The patterns are varied and the colors exquisitely chosen.

Each patient who took up the work has had his or her first article sold, and all are engaged in executing further orders. The work won popular favor as soon as it was exhibited, for the articles are of unusual character and charm. Care was taken to select a type of work which would not conflict with handicrafts produced by any other social agency in the Financial Federation. Sample articles of entirely novel character were obtained from France and England to be copied or serve as models on which other designs could be based.

The teaching of handicrafts to patients crippled through paralysis or accident has given them a new interest in life. Their more cheerful attitude has brought relief in many cases to other members of their families, as invalids without occupation are apt to brood over their affliction and become a trial to those who have charge of them.

The nurses of the V.O.N. find the work of great value in assuring several hours' rest each day to patients whose condition requires it. As most of the patients cared for by the V.O.N. belong to poor homes, the financial aspect of the work makes a great appeal, and it encourages them to know that they are still capable of earning small sums of money. When an article is sold for a patient by the Department, only the cost of the material is deducted. The balance is handed over to him.

Patients who have taken up handicrafts vary in age from a boy of fourteen years to an old man of seventy-four. The latter has been crippled for sixteen years, but now that he has found something to do, the sense of his affliction has decreased considerably, and he is bright and cheerful as he works away, seated in a wheel chair. Another patient was formerly a worker in stained glass. He has special aptitude for design and color and works out his patterns and color schemes unaided.

Until recently, the work was considered to be more or less in the experimental stage, but the success which it has met in every way has decided the V.O.N. to extend the teaching to a greater number of its patients. The sale of the work will be put on a regular commercial footing, the Hwai King Shop having undertaken to dispose of articles made by V.O.N. patients.

(Victorian Order of Nurses, Montreal, Que.)

Canadian Nurses who are planning to attend the Congress, International Council of Nurses, Helsingfors, July 20-25, 1925, are advised to obtain immediately the whole ticket, Canada-Helsingfors and return, in order to be sure of obtaining accommodation.

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THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

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Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

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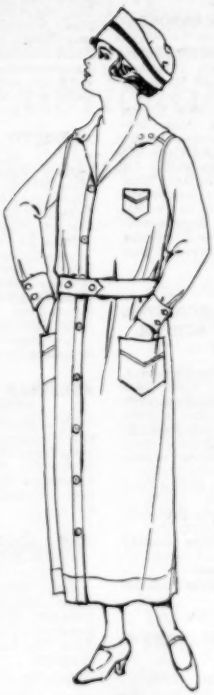

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